

**State of Connecticut
Department of Public Health
Facility Licensing and Investigations Section**

IN RE: Five Star Quality Care – CT. LLC - Licensee
 d/b/a Health Center of Greater Waterbury
 177 Whitewood Road
 Waterbury, CT 06708

MODIFIED CONSENT ORDER

WHEREAS, Five Star Quality Care – CT., LLC, (hereinafter the “Licensee”) has been issued License No. 2272 to operate a Chronic and Convalescent Nursing Home known as Health Center of Greater Waterbury (hereinafter the “Facility”) by the Department of Public Health, (hereinafter the “Department”); and

WHEREAS, the Licensee has a Consent Order with the Department which became effective May ~~24~~, 2005 of which is attached hereto (Exhibit A); and

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WHEREAS, the Department’s Facility Licensing and Investigations Section (hereinafter “FLIS”) conducted unannounced inspections of the facility for the purpose of monitoring the Consent Order provisions; and

WHEREAS, during the course of the aforementioned inspections, violations of the Regulations of Connecticut State Agencies were identified in violation letter dated August 15, 2005 (Exhibit B); and

WHEREAS, an office conference regarding the August 15, 2005, violation letter was held between the Department and the Licensee on August 23, 2005; and

WHEREAS, the Licensee without admitting wrongdoing is willing to enter into this Modified Consent Agreement and agrees to the conditions set forth herein.

NOW THEREFORE, the FLIS of the Department of Public Health of the State – of Connecticut acting herein and through Marianne Horn, its Section Chief, and the Licensee, acting herein and through Everett Benton, its Managing Member, hereby stipulate and agree as follows:

1. The Consent Order executed with the Department on May 24, 2005 shall be incorporated and made part of this Modified Consent Order.
2. The Licensee shall execute a contract with an Independent Nurse Consultant (INC) approved by the Department within two (2) weeks of the effective date of this Modified Consent Order. The INC's duties shall be performed by a single individual unless otherwise approved by the Department.
3. The INC shall function in accordance with FLIS's INC Guidelines (Exhibit C – copy attached). The INC shall be a registered nurse who holds a current and unrestricted license in Connecticut. The Registered Nurse assuming the functions of the INC shall not be included in meeting the nurse staffing requirements of the Regulations of Connecticut State Agencies.
4. The INC shall provide consulting services for a minimum of four (4) months at the Facility unless the Department identified through inspections that a longer time period is necessary to ensure substantial compliance with applicable federal and state statutes and regulations. The INC shall be at the facility twenty (20) hours per week and shall arrange his/her schedule in order to be present at the Facility at various times on all three (3) shifts including holidays and weekends. The Department may, in its discretion, at any time, reduce or increase the hours of the INC and/or responsibilities if the Department determines the reduction or increase is warranted. The terms of the contract executed with the INC shall include all pertinent provisions contained in this Modified Consent Order.
5. The INC shall have a fiduciary responsibility to the Department.
6. The INC shall conduct and submit to the Department an initial assessment of the Licensee's regulatory compliance and identify areas requiring remediation

within two (2) weeks after the contract is approved by the Department. The INC shall confer with the Licensee's Administrator, Director of Nurses Services, and other staff determined by the INC to be necessary to the assessment of nursing services and the Licensee's compliance with federal and state statutes and regulations. The INC shall make recommendations to the Licensee's Administrator, Medical Director and Director of Nursing Services for improvement in the delivery of direct resident care in the Facility. If the INC and the Licensee are unable to reach an agreement regarding the INC's recommendations(s), the Department, after meeting with the Licensee and the INC shall make a final determination, which shall be binding on the Licensee.

7. The INC shall submit weekly written reports to the Department documenting:
 - i. the INC's assessment of the care and services provided to residents;
 - ii. the Licensee's progress toward substantial compliance with applicable federal and state statutes and regulations;
 - iii. any subsequent recommendations made by the INC and the Licensee's response to implementation of the recommendations.
8. Copies of all weekly INC reports shall be simultaneously provided to the Director of Nurses, Administrator, Medical Director and to the Department.
9. The INC shall have the responsibility for:
 - a. Assessing, monitoring and evaluating the delivery of direct resident care with particular emphasis and focus on the delivery of nursing services by registered nurses, licensed practical nurses, nurse aides, and orderliness and implementing prompt training and/or remediation in any area in which a staff member demonstrated a deficit. Records of said training and/or remediation shall be maintained for a period of three (3) years by the Licensee for review by the Department;
 - b. Assessing, monitoring and evaluating the coordination of resident care and services delivered by the various health care professionals providing services;

- c. Recommending to the Department an increase in the INC's contract hours if the INC is unable to fulfill the responsibilities within the stipulated hours per week; and
 - d. Monitoring the implementation of the Licensee's plan of correction submitted in response to the violation letter dated August 15, 2005.
10. The INC, the Licensee's Administrator, and the Director of Nursing Services shall meet with the Department every six (6) weeks after the effective date of this Modified Consent Order and throughout the tenure of the INC. The meetings shall include discussions of issues related to the care and services provided by the Licensee and the Licensee's compliance with applicable federal and state statutes and regulations.
11. Any records maintained in accordance with any state or federal law or regulation or as required by this Modified Consent Order shall be made available to the INC and the Department, upon request.
12. The Department shall retain the authority to extend the period the INC functions are required, should the Department determine that the Licensee is not able to maintain substantial compliance with federal and state laws and regulations. Examples of violations that may cause the Department to invoke this provision include, but are not limited to, failure to notify the physician of a significant change in condition; failure to provide care and treatment to residents identified with unstable health conditions; failure to provide care and treatment to residents identified with unstable health conditions; or failure to implement physician orders or plans of care. Determination of substantial compliance with federal and state laws and regulations will be based upon findings generated as the result of onsite inspections conducted by the Department.
13. Reports and meetings required by this document shall be sent to:

Angela B. White, R.N.,
Supervising Nurse Consultant
Facility Licensing and Investigations Section
Department of Public Health
410 Capitol Avenue, P.O. Box 340308
MS #12HSR
Hartford, CT 06134-0308

14. All parties agree that this Modified Consent Order is an Order of the Department with all of the rights and obligations pertaining thereto and attendant thereon. Nothing herein shall be construed as limiting the Department's available legal remedies against the Licensee for violations of the Modified Consent Order or of any other statutory or regulatory requirements, which may be sought in lieu of or in addition to the methods of relief listed above, including all options for the issuance of citations, the imposition of civil penalties calculated and assessed in accordance with Section 19a-524 et seq. of the General Statutes, or any other administrative and judicial relief provided by law. This Modified Consent Order may be admitted by the Department as evidence in any proceeding between the Department and the Licensee in which compliance with its terms is at issue. The Licensee retains all of its rights under applicable law.
15. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the MFCU or the Bureau Chief of the Department of Criminal Justice's Statewide Prosecution Bureau.
16. The requirements of this Modified Consent Agreement and the Consent Order executed on May 24, 2005, shall remain in effect for a period of two (2) years from the effective date of this document.
17. The Licensee had the opportunity to consult with an attorney prior to executing this document.

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Licensee: Five Star Quality Care - CT., LLC - Licensee
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IN WITNESS WHEREOF, the parties hereto have caused this Modified Consent Order to be executed by their respective officers and officials, which Modified Consent Order is to be effective as of the later of the two dates noted below.

FIVE STAR QUALITY CARE - CT. - LICENSEE

October 26, 2005
Date

By:

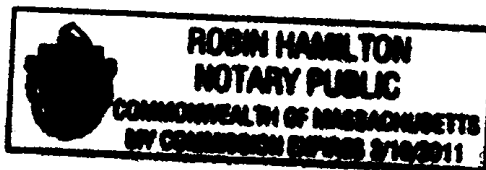
Evrett Benton
Evrett Benton, its Managing Member

STATE OF Massachusetts

County of Middlesex ss OCTOBER 28th, 2005

Personally appeared the above named EVRETT W. BENTON and made oath to the truth of the statements contained herein.

My Commission Expires: 03/10/2011
(If Notary Public)



Robin Hamilton
Notary Public ☒
Justice of the Peace ☐
Town Clerk ☐
Commissioner of the Superior Court ☐

STATE OF CONNECTICUT,
DEPARTMENT OF PUBLIC HEALTH

11/08/05
Date

By:

Marianne Horn
Marianne Horn, R.N., J.D., Section Chief
Facility Licensing and Investigations Section

**State of Connecticut
Department of Public Health
Health Systems Regulation**

IN RE: Five Star Quality Care – CT. LLC - Licensee
d/b/a Health Center of Greater Waterbury
177 Whitewood Road
Waterbury, CT 06708

CONSENT ORDER

WHEREAS, Five Star Quality Care – CT., LLC, (hereinafter the “Licensee”) has been issued License No. 2272 to operate a Chronic and Convalescent Nursing Home known as Health Center of Greater Waterbury (hereinafter the “Facility”) by the Department of Public Health, (hereinafter the “Department”); and

WHEREAS, the Health Systems Regulation (“HSR”) of the Department conducted unannounced visits on various dates commencing on October 8, 2004 up to and including November 5, 2004 for the purpose of conducting multiple investigations; and

WHEREAS, the Department during the course of the aforementioned inspections identified violations of the Connecticut General Statutes and/or Regulations of Connecticut State Agencies in the violation letter dated November 10, 2004 (Exhibit A- copy attached); and

WHEREAS, an informal conference with respect to the November 10, 2004 violation letter was conducted on December 14, 2004 at the office of the Department; and

WHEREAS, the Licensee is willing to enter this Consent Order and agrees to the conditions set forth herein.

NOW THEREFORE, the Health Systems Regulation of the Department of Public Health of the State of Connecticut acting herein and through Marianne Horn, its Section Chief, and the Licensee, acting herein and through Everett Benton, its Managing Member, hereby stipulate and agree as follows:

1. The Facility's Administrator and the Director of Nursing Services shall meet with the Department every six (6) weeks for the first three (3) months after the effective date of this Consent Order and thereafter at twelve (12) week intervals. Said meetings shall include discussions of issues related to the care and services provided in the Facility and compliance with applicable federal and state statutes and regulations.
2. Director of Nursing Service/Assistant Director of Nursing Service shall conduct random unannounced visits to the Facility to assess care/services being provided. Said visits shall occur on holidays, weekends and shall include all three (3) shifts. Documentation of observations relative to these visits shall be maintained and available for Department review, upon request.
3. Any records maintained in accordance with any state or federal law or regulation or as required by this Consent Order shall be made available to the Department, upon request.
4. The Administrator shall immediately notify the Department if the position(s) of Administrator, Director of Nurses, Assistant Director of Nurses, and/or Medical Director, the Infection Control Nurse and/or MDS Coordinator become vacant. The Administrator shall provide the Department with weekly reports pertaining to recruitment efforts for any of the previously identified positions.
5. The Licensee represents, stipulates and agrees that at all times it will employ sufficient personnel to meet the needs of the patient population. The Licensee shall appoint a free floating Nurse Supervisor on each shift whose primary responsibility is the assessment of patients and the care provided by nursing staff. Such Nurse Supervisors shall maintain a record of any patient related issue(s) or problem(s) identified on his or her shift and a notation as to the subsequent action taken to resolve the problem(s). Said records shall be made

available to the Department upon request and shall be retained for a three (3) year period of time.

6. Within fourteen (14) days of the execution of this Consent Order the Licensee shall provide to such Nurse Supervisors the following:
 - i. A job description which clearly identifies the supervisors' day-to-day duties and responsibilities;
 - ii. An inservice training program which clearly delineates each Nurse Supervisor's responsibilities and duties with respect to patient and staff observations, interventions and staff remediation;
 - iii. Nurse Supervisors shall be supervised and monitored by a representative of the Facility Administrative Staff (e.g. Director of Nursing Service, Assistant Director of Nursing Service) to ensure the Nurse Supervisors are functioning in accordance with this Consent Order and state and federal requirements. Supervision by Administrative Staff shall be random and inclusive of evenings, nights, weekends and holidays. Records of such administrative visits and supervision shall be retained for the Department's review;
 - iv. Nurse Supervisors shall be responsible for ensuring that all care is provided to patients by all caregivers in accordance with individual comprehensive care plans;
 - v. Nurse Supervisors shall not have administrative office duties.
7. Within fourteen (14) days of the execution of this Consent Order the Director of Nurses shall develop and/or review and revise, as necessary, policies and procedures related to physical assessment of residents with pressure ulcers, pressure ulcer prevention and treatment, documentation and tracking of pressure ulcers, care planning, interventions pertinent to transferring of residents, respiratory assessments, care for residents refusing treatments and/or care, infection control protocols inclusive of, but not limited to, surveillance of infection control practices and infections.
8. Within twenty-one (21) days of the effect of this Consent Order all Facility nursing staff shall be in-service, as necessary, related to the policies and procedures listed in paragraph number 7.

Licensee: Five Star Quality Care – CT., LLC - Licensee
Page 4

9. The Facility shall appoint a Registered Nurse (RN) with credentials in Infection Control to serve a minimum of thirty-two (32) hours per week. The Infection Control Nurse (ICN) may not have any other duties except those relating to the monitoring of infection control principals/practices and the monitoring and training of the staff in areas related to infection control.
10. The facility shall contract with an Infection Control Consultant (ICC) for a period of six (6) months. The ICC shall serve a minimum of ten (10) hours a week providing the RN employed as the ICN has credentials as specified in paragraph 9. If the RN does not have the required credentials, the ICC shall serve a minimum of eighteen (18) hours per week. Until the designated ICN obtains the necessary credentials. The hours of the ICC may be reduced from eighteen (18) to ten (10) hours upon the ICN obtaining said credentials.
11. The Facility shall contract with an outside behavior specialist to provide inservicing to nursing staff (RNs, LPNs, Nurse Aides) regarding residents with challenging behaviors.
12. The Facility shall contract with an Advanced Practice Registered Nurse (APRN), credentialed in wound care. The APRN shall serve a minimum of twenty (20) hours weekly and shall conduct training, provide oversight to nursing staff, maintain weekly statistics, observe all pressure sores, monitor preventative protocols and assess patients at risk for pressure sores. The APRN shall remain in place for six (6) months.
13. If at any time, during the duration of the Consent Order that the Department finds the Facility to be in significant non-compliance with federal regulations and the Public Health Code, the length of the monitoring period for the ICC and/or the Wound Care Consultant may be extended and/or reinstated.
14. The Facility shall establish a Quality Assurance Program to review patient care issues inclusive of those identified in the November 10, 2004, violation letter issued by the Department. The members of the Quality Assurance Program shall meet at least monthly to review and address the quality of care provided to residents and, if applicable, implement remediation measures. Membership shall at a minimum, include the Administrator, Director of Nurses, Infection Control Nurse, Nurse Supervisors and the Medical Director. Minutes of said meetings shall be kept for a minimum of three (3) years and made available for review upon request of the Department.

Licensee: Five Star Quality Care – CT., LLC - Licensee
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15. Within seven (7) days of the execution of this Consent Order the Licensee shall identify the Facility's Administrative Staff responsible for monitoring the implementation of this document.
16. The Licensee shall pay a monetary fine to the Department in the amount of fifteen thousand dollars (\$15,000.00), which shall be payable by certified check to the Treasurer of the State of Connecticut and shall be posted to the Department within (2) weeks of the effective date of this Consent Order. Said check and any reports required by this document shall be directed to:

Judy McDonald, R.N., SNC
Health Systems Regulation
Department of Public Health
410 Capitol Avenue, P.O. Box 340308
MS #12HSR
Hartford, CT 06134-0308
17. All parties agree that this Consent Order is an Order of the Department with all of the rights and obligations pertaining thereto and attendant thereon. Nothing herein shall be construed as limiting the Department's available legal remedies against the Licensee for violations of the Consent Order or of any other statutory or regulatory requirements, which may be sought in lieu of or in addition to the methods of relief listed above, including all options for the issuance of citations, the imposition of civil penalties calculated and assessed in accordance with Section 19a-524 et seq. of the General Statutes, or any other administrative and judicial relief provided by law. This Consent Order may be admitted by the Department as evidence in any proceeding between the Department and the Licensee in which compliance with its terms is at issue. The Licensee retains all of its rights under applicable law.
18. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the MFCU or the Bureau Chief of the Department of Criminal Justice's Statewide Prosecution Bureau.
19. This requirement of this document shall remain in effect for a period of two (2) years from the effective date of this document.
20. The Licensee had the opportunity to consult with an attorney prior to the execution of this Consent Order.

Licensee: Five Star Quality Care - CT., LLC - Licensee
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IN WITNESS WHEREOF, the parties hereto have caused this Consent Order to be executed by their respective officers and officials, which Consent Order is to be effective as of the later of the two dates noted below.

FIVE STAR QUALITY CARE, CT. - LICENSEE

5/24/05
Date

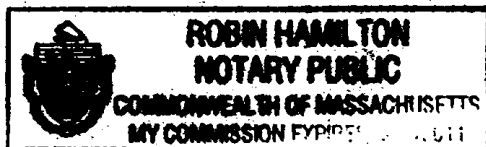
By: [Signature]
Evrett Benton, its Managing Member

STATE OF Massachusetts

County of Middlesex ss May 24, 2005

Personally appeared the above named Evrett W. Benton and made oath to the truth of the statements contained herein.

My Commission Expires: 03/10/2011
(If Notary Public)

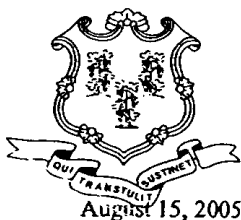


[Signature]
Notary Public []
Justice of the Peace []
Town Clerk []
Commissioner of the Superior Court []

STATE OF CONNECTICUT,
DEPARTMENT OF PUBLIC HEALTH

May 26, 2005
Date

By: [Signature]
Marianne Horn, R.N., J.D., Section Chief
Health Systems Regulation



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

EXHIBIT B
PAGE 1 OF 7

Edward A. Varjabedian, Administrator
Health Center of Greater Waterbury
177 Whitewood Road
Waterbury, CT 06708

Dear Mr. Varjabedian:

An unannounced visit was made to Health Center of Greater Waterbury on July 29, 2005 by representatives of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a monitoring visit of a consent order.

Attached are the violations of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut which were noted during the course of the visit.

An office conference has been scheduled for August 23, 2005 at 2:00 P.M. in the Facility Licensing and Investigations Section of the Department of Public Health, 410 Capitol Avenue, Second Floor, Hartford, Connecticut. Should you wish legal representation, please feel free to have an attorney accompany you to this meeting.

Please prepare a written Plan of Correction for the above mentioned violations to be presented at this conference.

Each violation must be addressed with a prospective Plan of Correction which includes the following components:

1. Measures to prevent the recurrence of the identified violation, (e.g., policy/procedure, inservice program, repairs, etc.).
2. Date corrective measure will be effected.
3. Identify the staff member, by title, who has been designated the responsibility for monitoring the individual plan of correction submitted for each violation.

We do not anticipate making any practitioner referrals at this time.

If there are any questions, please do not hesitate to contact this office at (860) 509-7400..

Respectfully,

Angela White, R.N.
Supervising Nurse Consultant
Facility Licensing and Investigations Section

ABW:LLD:JL:lsI

- c. Director of Nurses
Medical Director
President
vlhealthctrgreaterlsI.doc

Phone:



Telephone Device for the Deaf: (860) 509-7191
410 Capitol Avenue - MS # _____
P.O. Box 340308 Hartford CT 06134

DATE OF VISIT: July 29, 2005

THE FOLLOWING VIOLATIONS OF THE REGULATIONS OF CONNECTICUT
STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES
WERE IDENTIFIED

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D8t (m) Nursing Staff (2)(A) and/or (m) Nursing Staff (2)(C).

1. For three residents with pressure sores, the facility failed to provide turning and/or repositioning per the resident's plan of care.
 - a. Resident #5's diagnoses included Diabetes Mellitus, gastric feeding tube placement, acute renal failure, anemia, and a history of pressure sores. The Minimum Data Set (MDS) dated 5/17/05 identified that the resident was severely cognitively impaired, totally dependent on staff for bed mobility and care, and had three stage two, seven stage three, and 1 stage four pressure ulcers. The Resident Care Plan (RCP) dated 5/24/05 indicated an approach to reposition the resident every two hours and as needed. Wound Progress Notes dated 7/28/05 noted that the resident had a stage two pressure ulcer to the right shin, left ankle and left heel, five stage three ulcers to the left foot, one to the right foot, and an ulcer to the left fifth toe that could not be staged due to black eschar. The Wound Progress Note also identified that the resident had stage four pressure ulcers to both hips and the left hip measured 6.0cm in length by 3.7cm in width by 0.5cm in depth, had a moderate amount of serous drainage and did not have undermining and/or tunneling present. Constant observation of the resident on 7/29/05 from 5:45AM to 9:10AM (3 hours and 25 minutes) noted the resident in the bed, positioned on the left side, and without the benefit of repositioning. Interview with the 11PM to 7AM shift nurse aide on 7/29/05 at 6:05AM reflected that she last cared for the resident at 5:10AM (total of 4 hours without repositioning). Observation, during repositioning of the resident, with the 7AM to 3PM shift supervisor at 9:10AM identified an open area to the resident's left mid back and both serousanguinos and serous drainage on the sheets where the wound had come in contact. Observation with the Infection Control Nurse on 7/29/05 at 9:45AM noted that the left back wound was not present prior to this time and the wound measured 8.5cm in width by 6.5cm in length by 0.1cm in depth. Observation during the resident's treatments with the Infection Control Nurse on 7/29/05 at 10:15AM identified the left hip dressing had a moderate amount of yellow drainage on the dressing removed and now measured 6.5cm in length by 4.0cm in width by 0.4cm in depth and had 2.8cm of undermining to the upper portion of the ulcer. Review of the resident's Wound Progress Note and interview with the ICN at 10:35AM on 6/27/05 indicated that the undermining area had been present prior to 6/29/05 although documented measurements of the undermined area had not been done since 7/7/05.
 - b. Resident #6's diagnoses included dementia, gastric feeding tube placement, and a history of pressure sores. The MDS dated 7/19/05 identified that the resident was

FACILITY: Health Center of Greater Waterbury

Page 7 of 7

DATE OF VISIT: July 29, 2005

THE FOLLOWING VIOLATIONS OF THE REGULATIONS OF CONNECTICUT
STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES
WERE IDENTIFIED

that the resident had his own portable O2 tank. Interview with the Director of Nursing on 7/29/05 at 9:25 AM identified that the O2 tank had not been checked by maintenance, nor did the facility have the means to refill the tank should it go empty. Upon surveyor inquiry the O2 tank was removed from the resident's room and was replaced with a facility portable O2 tank for transport.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D8t (j) Director of Nurses and/or (t) Infection Control (2)(A).

7. For one resident, Resident #2, the facility failed to ensure that medications were administered as ordered. The findings include:
 - a. Resident #2 with diagnoses that included Dementia had a quarterly Minimum Data Set (MDS) dated 7/12/05 that identified the resident had moderately impaired cognition, required extensive assistance for all activities of daily living (ADL's), and was incontinent. Physician's orders dated 7/18/05 directed that after cleansing the bilateral buttock wounds and drying, a thin coating of xenaderm ointment was to be applied to the buttocks. The Resident Care Plan (RCP) dated 7/19/05 identified an alteration in skin integrity related to an open area on the right buttock. Interventions included to provide the treatment as ordered. Observations on 7/29/05 at 5:35 AM identified that the nurse aide (NA) had provided incontinent care, that the resident's skin was intact and the NA applied the xenaderm ointment to the resident's buttocks. Further observations identified that the xenaderm ointment applied to the resident was prescribed to Resident # 3. During an interview with the NA on 7/29/05 at 5:45 AM, she stated that Resident # 2 and Resident # 3 were both on the same medication and that that was the tube the nurse gave to her to use. Interview with the nurse on 7/29/05 at 5:50 AM identified that he grabbed the wrong tube of medication. Interview with the Infection Control Nurse on 7/29/05 at 11 AM identified that the xenaderm is a medicated ointment and that the nurse, not the nurse aide should not have applied xenaderm.

FLIS Independent Nurse Consultant Guidelines

Relationship between Independent Nurse Consultant (INC) and DPH includes:

- An INC is utilized as a component of DPH's regulatory remedy process. An INC may be agreed upon as a part of a Consent Order between the institution and the Department when significant care and service issues are identified.
- The INC has a fiduciary or special relationship of trust, confidence and responsibility with the Department.
- The INC's responsibilities include:
 - Reporting to the Department issues and concerns regarding quality of care and services being provided by the institution.
 - Monitoring the institution's plan of correction to rectify deficiencies and violations of federal/state laws and regulations. Reports to Department positive and negative issues related to said oversight.
 - Assessing administration's ability to manage and the care/services being provided by staff.
 - Weekly reporting to the Department of issues identified, plans to address noncompliance and remediation efforts of the institution.

Relationship between INC and the Institution:

- The INC maintains a professional and objective relationship with the institutional staff. The INC is a consultant, not an employee of the institution. The INC exercises independent judgment and initiative to determine how to fully address and complete her/his responsibilities. The institution does not direct or supervise the INC but must cooperate with and respond to requests of the INC related to her fulfilling her/his duties.
- The INC's responsibilities include:
 - Assessment of staff in carrying out their roles of administration, supervision and education.
 - Assessment of institution's compliance with federal/state laws and regulations.
 - Recommendations to institutional administration regarding staff performance.
 - Monitoring of care/services being provided.
 - Assists staff with plans of action to enhance care and services within the institution.
 - Recommendation of staff changes based on observations and regulatory issues.
 - Weekly reports to the institution re: assessments, issues identified, and monitoring of plans of correction.
 - Promotes staff growth and accountability.
 - May present some inservices but primary function is to develop facility resources to function independently.
 - Educates staff regarding federal/state laws and regulations.